



REQUEST FOR MEDICATION

I request that my child, _____ be allowed to take the following prescribed medication(s) while participating in adventures with the City of Albuquerque's Outdoor Recreation Section. I understand my child must be able to administer his or her own medications. An adventure leader will carry the medication during the trip. The adventure leader will provide the medication described below at the appropriate time.

All medications must be contained in the original pharmacy packaging!

(1) Name of Medicine _____ Date of Prescription: _____

Dose Prescribed: _____ Time to Administer: _____

Reason for taking Medicine _____

(2) Name of Medicine _____ Date of Prescription: _____

Dose Prescribed: _____ Time to Administer: _____

Reason for taking Medicine _____

(3) Name of Medicine _____ Date of Prescription: _____

Dose Prescribed: _____ Time to Administer: _____

Reason for taking Medicine _____

(4) Name of Medicine _____ Date of Prescription: _____

Dose Prescribed: _____ Time to Administer: _____

Reason for taking Medicine _____

Authorization

I authorize adventure leaders to carry and provide the above listed medications at the proper time with the dose prescribed.

Parent/Guardian Signature _____ Date _____

Home Phone () _____ Work Phone () _____ Cell Phone () _____

Return to: 1801 4th St NW 87102-1425